

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-034605

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2308

STATE FILE NUMBER

FILE AUG 19 1963

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) CLAYTON		c. CITY OR TOWN CHARLACK	
Length of stay in 1b 6 wks.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSPITAL		d. STREET ADDRESS (If outside, give location) 9011 TUDOR AVE.	
3. NAME OF DECEASED (Type or print) James FRANCIS Roth		4. DATE OF DEATH Month 7 Day 19 Year 63	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-10-1906
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY PAINTING	
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JAMES F. ROTH		13b. MOTHER'S MAIDEN NAME JESSIE McCORMAC	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW #2	
16. SOCIAL SECURITY NO. 0		17. INFORMANT (sister) JESSIE BENSON-9741 DENNIS -ST. L. 36	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculosis, miliary, lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-op status, ileo colostomy for tuberculous enteritis DUE TO (c) 9 days		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-10-63 to 7-19-63 and last saw him alive on 7-19-63 Death occurred at 2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert H. Woodson MD (Degree or title)		22b. ADDRESS 601 So. Brentwood Clayton 5 Mo.	
22c. DATE SIGNED 7/19/63 (State)		23. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-22-1963	
23c. LOCATION (City, town, or county) JEFFERSON BKKS., MISSOURI		24. FUNERAL DIRECTOR HAUMANN BROS. INC. 2504 WOODSON RD. OVERLAND 14, MO.	
25. DATE RECD. BY LOCAL REG. 7-20-63		26. REGISTRAR'S SIGNATURE John B. Murphy MD	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

P. C. Gibson

Licensed Embalmer No.

3454

P. O. Address

St Louis 14 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.